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PTO/SB/17 (10-07)
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Effective on 12/03/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1,540.00

<i>Complete if Known</i>	
Application Number	10/537042
Filing Date	December 16, 2003
First Named Inventor	Stephan Claude De La Vaux, et al.
Examiner Name	Natasha E. Young
Art Unit	1797
Attorney Docket No.	CH2905USPCT

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	<input type="checkbox"/> 310	155	<input type="checkbox"/> 510	255	<input type="checkbox"/> 210	105	0.00
Design	<input type="checkbox"/> 210	105	<input type="checkbox"/> 100	50	<input type="checkbox"/> 130	65	0.00
Plant	<input type="checkbox"/> 210	105	<input type="checkbox"/> 310	155	<input type="checkbox"/> 160	80	0.00
Reissue	<input type="checkbox"/> 310	155	<input type="checkbox"/> 510	255	<input type="checkbox"/> 620	310	0.00
Provisional	<input type="checkbox"/> 210	105	<input type="checkbox"/> 0	0	<input type="checkbox"/> 0	0	0.00

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

Total Claims Extra Claims Fee (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = x 50.00 =

YES 370.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = x 210.00 =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x 260.00 = 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fee Paid (\$)

Other (e.g., late filing surcharge): Petition for Revival of an Application Under 37 CFR 1.137(b) 1,540.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	34,015	Telephone	(302) 992-4895
Name (Print/Type)	JESSICA M. SINNOTT			Date	September 3, 2008

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.